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| Attn: John C. Go<br>P.O BOX 553   |   | State<br>addr<br>trans                               | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.                                       |                                      |                                 |   |
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|   |   |  |   | Christin                             | tromorella                      | (Signature)                                 |
|   |   |  |   | Decen                                | her 15, 2                       | 1009 (Date)                                 |
| APPLICATION NO.   | FILING DATE   |  | FIRST NAMED INVENTOR  | ATT                                  | ORNEY DOCKET NO.                | CONFIRMATION NO.                            |
| 10/808,065<br>TITLE OF INVENTION  | 03/24/2004<br>METHOD AND APP                            | ARATUS FOR COLLEC                                    | Sharon Chisholm<br>TING MANAGEMENT IN   | FORMATION ON A C                     | 16665ROUS01U<br>OMMUNICATION NE | 4193<br>TWORK                               |
| APPLN. TYPE   | SMALL ENTITY  | ISSUE FEE DUE  | PUBLICATION FEE DUE   | PREV. PAID ISSUE FEE                 | TOTAL FEE(S) DUE                | DATE DUE                                    |
| nonprovisional  | NO  | \$1510   | \$300   | \$0                                  | \$1810                          | 03/03/2010                                  |
| EXAM  | INER  | ART UNIT   | CLASS-SUBCLASS  |                                      |                                 |   |
| OSMAN, RAMY M 2457  |   | 2457   | 709-224000  | •                                    |                                 |   |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |   |  | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  |                                      |                                 |   |
| PLEASE NOTE: Unle<br>recordation as set forth<br>(A) NAME OF ASSIC  | ess an assignee is ident<br>in 37 CFR 3.11. Com<br>GNEE | tified below, no assignee pletion of this form is NO | THE PATENT (print or typ data will appear on the part a substitute for filing an a (B) RESIDENCE: (CITY   | ntent. If an assignee is assignment. | TRY)                            |   |
| Please check the appropri   | ate assignee category or                                | r categories (will not be p                          | rinted on the patent):  | Individual 🔀 Corpora                 | ation or other private gro      | up entity Government                        |
| 4a. The following fee(s) are submitted:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies   |   |  | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 1413/5 (enclose an extra copy of this form). |                                      |                                 |   |
| 5. Change in Entity Stat  | SMALL ENTITY state                                      | us. See 37 CFR 1.27.                                 | b. Applicant is no long   | ger claiming SMALL EI                | NTITY status. See 37 CF         | FR 1.27(g)(2). e assignee or other party in |
| NOTE: The Issue Fee and   | ogonda offtha TILLLAI Cu                                |  | COHICE.   |                                      |                                 |   |
|   | ecords of the United Sta                                | Swl.   |   | Date 12-                             | 15-09                           |   |

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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